c Complete and send t	this form, together wi	th applicable fee(s)	), to: <u>Mail</u>	Mail Stop ISSU Commissioner ( P.O. Box 1450			
			or <u>Fax</u>	Alexandria, Vir (703) 746-4000	ginia 22313-1450		
			EE and PUBLIC and notification diffenger new co	ATION FEE (if req of maintenance fees orrespondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
23290 75		any change of address) MAI	O 2 2005	Ž c	f mailing can only be used for his certificate cannot be used all paper, such as an assignment of mailing or transmission.  Trificate of Mailing or Transmiss bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the contraction of the contraction	smission	
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APPLICATION NO.	FILING DATE	<u> </u>		<del></del>	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/976,377 TITLE OF INVENTION: SI	10/12/2001 EGMENTED ROLLED FOO		oseph M. Murray	,	KFI-100	9750	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATÉ DUE	
nonprovisional	МО	\$1400		\$300	\$1700	03/28/2005	
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CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in			-	• • •	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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Please check the appropriate	assignee category or categor	ries (will not be printed	on the patent):	☐ Individual ☑ C	orporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee Discussion Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	_	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501032 (enclose an extra copy of this form).					
5. Change in Entity Status  a. Applicant claims Si	(from status indicated above MALL ENTITY status. See 2	´	. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 Cl	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	re Fee and Publication Fe will not be accepted from that and Trademark Office	ee (if any) or to i anyone other the.	e-apply any previous an the applicant; a reg	ly paid issue fee to the applica istered attorney or agent; or th	tion identified above. ne assignee or other party in	
Authorized Signature Berry D. Hollander Date 2/28/05							
Typed or printed name	Barry I. Holla	ander	<u>_</u>	Registration	No. 28,566		
Alexandria, Virginia 22313-	1430.				the public which is to file (and minutes to complete, includin omments on the amount of tir Trademark Office, U.S. Depp S. SEND TO: Commissioner displays a valid OMB control		
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